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MEMORANDUM

TO: Legislative Audit Committee

FROM: Jim Pellegrini, Deputy Legislative Auditor, Performance Audits

DATE: December 9, 2003

RE: Follow-up Performance Audit:
Safeguarding Medication Stored and Administered at State Custodial
Facilities – 03SP-76 (Original report 01P-11)
Department of Public Health and Human Services

OVERALL FOLLOW-UP CONCLUSION

Our follow-up found the Department of Public Health and Human Services (DPHHS) has implemented or is in the process of implementing all recommendations made in the performance audit of safeguarding medication stored and administered at DPHHS custodial facilities. Actions taken by the department demonstrate the commitment of management and staff to ensuring medication is safely stored and administered within all facilities they operate.

INTRODUCTION

We presented our performance audit of Safeguarding Medication Stored and Administered at State Custodial Facilities to the Legislative Audit Committee in March 2002. The audit examined the level of security over medication maintained at state custodial facilities operated by DPHHS. There were seven facilities at the time of the audit:

1. Eastern Montana Veterans Home – Glendive
2. Eastmont Human Services Center – Glendive
3. Mental Health Nursing Care Center – Lewistown
4. Montana Chemical Dependency Center – Butte
5. Montana Developmental Center – Boulder

6. Montana State Hospital – Warm Springs
7. Montana Veterans Home – Columbia Falls

The audit focused on controls used at each facility to physically safeguard all types of medications. A secondary objective was to review the administration of medication to patients/residents to determine if legal and professional practice guidelines were followed. The report contained seven recommendations to DPHHS regarding medication management with 12 specific suggested changes. Recommendations fell into four general areas: physical security, administration of medication, controlled substances, and general administration of operations.

BACKGROUND

The department is responsible for providing a full spectrum of health care services to juvenile and adult patients and residents housed in these facilities. Health care services include supplying medication. Medication includes prescriptions, over-the-counter drugs, and controlled substances as defined by the U.S. Department of Justice, Drug Enforcement Administration. The review encompassed medication handling from the time it is received at the facility – through administration of medication to patients/residents – to return of any unused medication to the pharmacy provider. Nursing staff at each facility is responsible for administering and safeguarding medication.

FOLLOW-UP PROCEDURES

We requested and received information from DPHHS personnel regarding progress towards implementation of our audit recommendations. We then interviewed DPHHS management from the department's central office, and management and nursing directors from each of the facilities. We reviewed documentation provided by the department to verify the implementation status of each recommendation. In addition, we contacted staff from the Montana State Board of Nursing to gain their input on whether the board had received any complaints regarding DPHHS nursing operations. We did not conduct on-site visits to any of the six DPHHS facilities still operating at the time of the follow up. This memo provides background information and our conclusion on the status of implementation of those recommendations.

FOLLOW-UP AUDIT FINDINGS

The department began immediate corrective action in response to our audit findings and recommendations. Management from each individual facility was required to develop a corrective action plan to ensure medication was properly stored and administered in their facility. In addition, some central office management began a practice of conducting periodic inspections of facilities under their jurisdiction to ensure proper controls were exercised at all times. Facility management also instituted more vigilant monitoring practices.

The following table shows the implementation status of the recommendations made in the audit.

<u>Recommendation Status</u>	
Implemented	5
Being Implemented	2
Partially Implemented	0
Not Implemented	<u>0</u>
TOTAL	7

Based on our follow-up review, it appears most recommendations were implemented. Those recommendations that are being implemented involve recommendations more global in nature and thus require additional time and staff efforts to accomplish. The department started but has not yet completed implementation of these recommendations. The following summarizes the implementation status of each recommendation.

Recommendation #1: Physical Security

We recommend DPHHS implement procedures to ensure facilities store all medications in locked rooms, carts, and compartments with access restricted to appropriate individuals.

Status:

Implemented.

Department's central management required that all facility administrators strictly enforce procedures surrounding appropriate medication controls. All facilities were required to develop and implement corrective action plans. Action taken by individual facilities included:

- Educated staff on department and facility policy regarding the need to keep medication carts, storage compartments, and medication rooms locked.
- Held licensed professional staff meetings to discuss and review facility nursing practices and implement necessary action to correct problems.
- Repaired non-functioning locks on medication storage compartments.
- Reviewed the number of sites where medication is stored and scaled back where possible.
- Limited key assignments to only those immediate staff needing access.
- Several facilities re-keyed all locks to medication storage areas in order to gain control of access.

- Updated records of which staff members had keys to medication storage areas.

All DPHHS facilities implemented a key control of monitoring staff and medication storage sites to ensure continued compliance with facility policy pertaining to security of medication. Supervisory staff periodically checks all medication storage areas to ensure sites are secured and access limited to appropriate individuals. The compliance inspections are conducted by a combination of facility administration, nurse management, and pharmacists. Inspections include both spot checks and more detailed nursing practice reviews. The inspections are documented and corrective action taken as necessary.

Recommendation #2: Medication Administration

We recommend DPHHS implement procedures to ensure nursing staff administers medication following legal and professional practice guidelines.

Status:

Implemented.

This audit recommendation pertained to the practices facility nursing staff used in providing medication to patients/residents. This included reviewing which staff administers medication; the methods used in giving various medications to patients; documenting what was provided; disposing of and documenting refused and wasted doses; not leaving medication out during the “pill pass”; and, periodically examining medication for discontinued, expired, or improperly labeled drugs.

Department and facility management took corrective action to ensure that effective policies are in place and followed by staff in each of the department’s facilities. Specific practices adopted by facilities included:

- Review and update related facility policies.
- Train staff and review existing practices for administration of medication.
- Implement periodic nurse competency assessments to ensure proper medication administration and safe handling practices.
- Review of individual nurse charting practices.
- Establish a process to remove expired, discontinued or improperly labeled drugs from the inventory.

Recommendation #3: Controlled Substances

We recommend DPHHS:

- A. Implement procedures to ensure facility management and staff adhere to operational and physical security regulatory requirements for the administration of controlled substances.
- B. Repair non-functioning medication storage areas and ensure Schedule II controlled substance storage areas comply with regulations.
- C. Maintain proper documentation for controlled substances at all times.
- D. Ensure only authorized individuals can access controlled substances.
- E. Require facility management to monitor staff to ensure controls over handling, inventory and storage of controlled substances are followed.

Status:

Implemented.

Controlled substances are specific classes of medication that require special handling, inventory procedures, and controls. Controlled substances are subject to regulatory requirements developed by the U.S. Department of Justice, Drug Enforcement Administration (DEA). Requirements include special record keeping, inventory procedures, and physical storage for Schedule II controlled substances. Patients and residents at DPHHS facilities are prescribed controlled substances and facility staff must therefore adhere to DEA requirements. During the audit, we found that while the provisions for system controls are in place at facilities, they were not always followed. Several recommendations were made in order to strengthen system controls over controlled substances.

Department management required each facility to develop a specific corrective action plan for improving facility management of controlled substances. Individual facilities responded by reviewing practices followed by all staff having access to controlled substances and implementing a stronger system of checks and balances to ensure requirements are adhered to at all times. In addition, facility management now reviews and monitors how staff maintain and safeguard controlled substances. The audit recommendations also resulted in facility management reviewing what controlled substances were kept within the facility and working with pharmacists to reduce the inventory and eliminate unneeded stock supplies.

A. Regulatory Requirements

Each facility reviewed DEA regulatory requirements and facility policy with all staff having access to controlled substances and implemented a monitoring program to ensure continual adherence to all requirements related to controlled substances. Facilities use spot-checks combined with monthly, quarterly or annual reviews and audits of individual nursing staff. Staff violating controlled substance handling and inventory policies are subject to corrective action plans and disciplinary action. In addition, facility

management has emphasized staff accountability over controlled substance inventory. Each facility established specific requirements regarding how controlled substances are inventoried and what each nurse's responsibilities are. Inventory of all controlled substances kept in medication carts and in pharmacy stock areas is performed at every shift change and witnessed by two parties. Nursing staff cannot leave the building until inventory is completed and any discrepancies resolved. Nursing supervisors, facility administrators, and pharmacists are informed of any discrepancies.

B. Medication Storage Areas

Department and facility management state changes were implemented to ensure all controlled substances are properly stored. Each facility now has medication storage for Schedule II controlled substances that complies with U.S. Department of Justice, Drug Enforcement Administration regulations. In addition, non-functioning locks on medication storage cabinets and refrigerators have been repaired.

C. Proper Documentation

Controlled substances require specific and detailed documentation in order to maintain an accurate record of what medication is in stock and what has been administered to patients and residents. Facility nurse management reviewed the process for controlling inventory and maintaining records of controlled substances with their staff. Staff was instructed on how to maintain proper records and what the administration expected of them. Periodic spot checks are conducted by nursing supervisors and pharmacists to ensure documentation is properly maintained.

D. Limit Access

Each facility reviewed which individuals had access to controlled substance storage areas and restricted access to facility nursing and pharmacy staff. In addition, nursing staff access to controlled substances is further restricted to only those medication carts used for patients they are responsible for on their shift. Nursing access to facility pharmacy stock is generally limited to nurse supervisors.

E. Monitor for Compliance

Facility management, including administrators, nursing supervisors, and pharmacists; monitor staff to ensure staff properly safeguard, document inventory, and store controlled substances. Nursing managers periodically review practices of all nursing staff to ensure correct procedures are followed. In addition, they review controlled substance inventory records to ensure they are correctly completed and no discrepancies exist.

Recommendation #4: General Administration

We recommend DPHHS:

- A. Ensure facilities implement a process for maintaining current photographs of all residents.
- B. Ensure facilities have the equipment needed to adequately safeguard and administer medication.

Status:

Implemented.

A. Resident Photographs

The audit identified four facilities that lacked current photographs of residents. Photos are used to aid nursing staff in administration of medication and are especially important in facilities that use temporary nursing staff or traveling nurses. Department and facility management stated the four facilities were required to develop a corrective action plan specific to their facility and ensure resident photographs were kept as current as possible. Facilities now have a process to check records to ensure a current photograph is on file and that photographs are updated as a resident's appearance changes. In addition, one facility is contemplating adding patient wristbands as a second means of patient identification.

B. Equipment

Our audit identified two facilities in need of updated equipment. Deficient equipment included medication carts that did not have a separate locking compartment to store controlled substances, old style containers used to crush medication, and outdated drug reference materials. Department and facility management indicates equipment needs were addressed at both facilities and deficient medication carts, storage compartments, and other medication related equipment have been replaced or modified.

Recommendation #5: General Administration

We recommend DPHHS develop a universal set of policies related to physical security and administration of medication at all DPHHS facilities.

Status:

Being implemented.

The department's nurse management team has been working on developing department-wide universal policies related to physical security and administration of medication. This has been one of the agenda items during intra-facility nurse management meetings. This project is nearing completion and department staff hopes to have the universal policies finalized soon. The policies were developed to be generic in nature and serve as a guiding document to be used by the department's six custodial-care facilities.

Recommendation #6: General Administration

We recommend DPHHS develop a plan for periodic intra-facility nurse management meetings.

Status:

Being implemented.

Nurse management from each of the department's custodial-care facilities have been able to meet as a group to discuss medication practices and controls in addition to other topics. They have met a number of times since the audit was issued and find the meetings to be

very beneficial. Nursing management has been able to discuss issues, share medication administration and control processes, and troubleshoot deficiencies as a team. Staff commented these meetings help with countering the isolated nature each of the facilities tends to operate under. Nurse management from the facilities continues working towards establishing a set meeting schedule that they can abide by.

Recommendation #7: General Administration

We recommend DPHHS increase the emphasis on supervision of nursing staff responsible for administering and safeguarding medication.

Status:

Implemented.

The department took steps to ensure the proper level of emphasis is placed on the supervision of nursing staff. Key to this effort was the implementation of a monitoring system of nursing staff at each facility. Facility nurse management periodically observes the medication practices of each nurse handling medication. These reviews include both detailed audits and spot-checking to ensure safe practices are followed. The frequency of the detailed compliance audits varies from monthly, to quarterly, to annually. Frequency is increased if problems are identified. In addition, all facilities now perform a supervisory-level review of medication inventory documents to provide for further accountability.

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